Clinical Section

*The Toxæmias of Pregnancy

By

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The toxæmias of pregnancy have been, and still remain, the enigma of obstetrics. Coming often unheralded—indeed, the term eclampsia signifies a *flash*—attacking particularly the young primipara, attended with a high mortality both to mother and babe, the toxæmias have engaged the minds of countless observers, and still the cause remains unknown, and the very name, toxæmia, begs the question.

As to the seriousness of this complication of pregnancy, let the statistics of maternal mortality in the three prairie provinces tell the tale. In the nine years, 1926 to 1934 inclusive, there were in Manitoba 113,526 births and 629 maternal deaths, of which 133, or 21.14 per cent, were due to eclampsia, albuminuria of pregnancy, and pernicious vomiting of pregnancy; in Saskatchewan 188,543 births, with 916 maternal deaths, of which 160, or 17.46 per cent were due to toxæmias of pregnancy; and in Alberta 146,218 births, and 825 maternal deaths, with 165 deaths, exactly 20 per cent, credited to toxæmic conditions. Thus we had in Manitoba, Saskatchewan and Alberta, provinces which are remarkably similar in physical contour, types of population and social conditions, in the years 1926 to 1934 inclusive, a total of 448,287 births and 2,370 maternal deaths, of which 458, or 19.33 per cent, were due to toxæmias. Nor does the tale of deaths completely sum up the situation, for it takes into account neither the maternal morbidity and the lessening of life expectancy nor the fetal deaths. Of all maternal diseases toxæmia is the most lethal to the unborn child. Eardley Holland in his investigation of 301 fetal deaths found that 77, i.e., 26 per cent, were caused by albuminuria, eclampsia, or accidental hæmorrhage. Moreover, many children born alive by toxæmic mothers succumb shortly after birth.

The theories as to causation of the toxæmias are many. Indeed, there are those who deny that the conditions listed under that name are due to the presence of a circulating toxin. Paramore claims that eclampsia results from changes in intra-abdominal pressure, and G. W. Theobald, that all the ailments and toxæmias associated with pregnancy are caused by deficiency of some substance or substances in the diet, the most important of which is calcium. Stander, in Williams' "Obstetrics," lists the theories under twelve headings:—uræmia; bacterial origin; auto-intoxication; biological reactions; entrance of fetal elements into the maternal circulation; fetal metabolic products; placental decomposition products; alterations in maternal metabolism; endocrine disturbances; mammary toxæmia; effect of dietary alterations; physico-chemical changes.

It is clear that the cause of eclampsia has not yet been discovered, in spite of the enormous amount of research, especially along biochemical, serological and immunological lines. The facts which have to be accounted for by any acceptable theory are as follows:—

1. The toxæmias are associated with the presence of the products of conception in the maternal organism, but may arise without actual development of a fetus, since they may occur in connection with a mole.

2. Removal of the products of conception, or even death of the fetus, usually leads to rapid recovery.

3. The condition is more frequent in primiparæ, in multiple pregnancy, and in hydramnios.

4. Eclampsia is more common in northern countries than in the tropics.

5. Its incidence increases as pregnancy approaches term.

6. Marked œdema is usually a favourable sign, while its absence adds to the gravity of the prognosis.

7. In both eclampsia and pernicious vomiting, terminating fatally, degenerative changes are found in the liver and kidneys. The characteristic liver lesion in pernicious vomiting is a central necrosis of the lobule, while in eclampsia the degenerative process begins in the peri-portal area.

8. In eclampsia, thrombosis, necrosis and hæmorrhage are frequently found.

9. In a very high percentage of cases of toxæmia albuminuria is found, as might be expected from the renal involvement.

10. Hypertension, albuminuria and convulsions are characteristic accompaniments of eclampsia.

11. Anoxæmia, resulting from deficient oxidative processes, is commonly present.

12. Repeated eclampsia rarely occurs, whereas chronic nephritis gives rise to increasingly serious trouble in each succeeding pregnancy.

13. Eclampsia is not confined to the human race but occurs in mares, cows, ewes, sows and bitches.

PHYSIOLOGICAL CHANGES IN NORMAL PREGNANCY

Even the normal pregnant woman presents certain abnormalities. Her metabolism is affected by the retention of material required for the construction of new fetal and maternal tissue;

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changes occur in the liver and kidneys; and there are also other abnormalities.

The first half of pregnancy is characterized by the excretion of more nitrogen than is ingested in the food, while in the second half the reverse is the case. During the latter half of pregnancy Nature is a very thrifty housekeeper. The effect of the lowered nitrogen output in this period is seen in the lessened urea content of the blood, usually less than 20 mg. per 100 c.c.—secondly the urea content of the urine is reduced relatively to the other nitrogenous constituents. Considerable storage of inorganic salts also takes place, notably calcium, phosphorus and magnesium. The fat and cholesterin content of the blood is increased during pregnancy, falling to normal with the onset of lactation.

Some observers, working with the lævulose tolerance test, and determining the bilirubin content of the blood and the presence of urobilin in the urine, have thought that the liver of pregnancy showed evidence of biliary stasis, or a mild impairment of function, but their findings have not been generally accepted. It is well known, however, that there is a lowering of the renal threshold for sugar. In pregnancy there is a tendency to hydræmic plethora. The solid content of the serum is diminished, its water content is increased, and there is a moderate rise in blood volume. This may indicate a slight defect in the capacity of the kidney for water excretion.

Even in normal pregnancy a slight degree of acidosis is present, i.e., there is a slight diminution in the alkaline reserve of the blood. The ammonia index of the urine is raised. Acetone bodies are produced more readily in pregnancy. The blood plasma of the pregnant woman contains an excessive amount of fibrinogen. There is a definite elevation in the basal metabolic rate in the latter half of pregnancy. It appears, therefore, that in normal pregnancy there are departures from the standard physiology of the non-gravid, and that some of these abnormalities in exaggerated form are found in the toxæmias.

Classification of the Toxaemias

The toxæmias may be classified as follows:—(1) pernicious vomiting of pregnancy, (hyperemesis gravidarum); (2) albuminuria of pregnancy (the low-reserve kidney of Stander); (3) pre-eclampsia; (4) eclampsia; (5) chronic nephritic toxæmia. In addition there are other conditions which may be grouped under the toxæmias: excessive salivation or ptyalism, acute yellow atrophy of the liver, polyneuritis and dermatitis herpetiformis. Salivation is usually associated with excessive vomiting, and acute yellow atrophy may be caused by agents which have no connection with pregnancy. Pernicious vomiting is usually confined to the first three months of pregnancy, and the others to the last three months, but there are numerous exceptions. The albuminuria of pregnancy (low-reserve kidney) is characterized by the presence of albumin in the urine, but symptoms are nil or slight, the blood pressure is not raised, œdema is not marked, and the prognosis is good. Pre-eclampsia and eclampsia are associated with increased blood pressure, usually over 140 systolic and reaching 200 or even higher, large amounts of albumin in the urine, œdema of varying degree, and sometimes retinal changes. With eclampsia there are usually one or more convulsions followed by coma. With recovery, the blood pressure as a rule returns rapidly to its former figure.

Strictly speaking, chronic nephritic toxæmia should not be classed among the toxæmias, as it is really a pre-existing nephritis complicated with pregnancy. However, it is often difficult to make a differential diagnosis between this condition and pre-eclampsia, and the existence of an antecedent nephritis is not always known. We must admit that the renal function tests we possess at present are not wholly satisfactory, and that kidneys which stand up well under the strain of everyday life break down under the added load of pregnancy. Pregnancy is the most delicate test of renal function.

The Pathology of the Toxaemias

Fatal cases of pernicious vomiting show diffuse fatty changes in the liver, and in some cases an area of central necrosis in the liver lobule similar to that seen in chloroform or phospohorus poisoning.

In eclampsia the characteristic changes in general are those due to thrombosis, hæmorrhage and necrosis. The liver shows degeneration and necrosis in the periphery of the lobule and haæmorrhage either under the capsule or throughout the substance of the liver. The kidneys show alterations in the vessels and epithelium of the glomeruli, together with degenerative changes in the convoluted tubules. The brain shows congestion, œdema, hæmorrhage and thrombosis. Hæmorrhage and necrosis are also found in the heart, lungs, suprarenals and pancreas.

Prophylaxis of the Toxaemias

Stander states that about 10 per cent of pregnant patients suffer from one or another of the toxæmias of pregnancy. Now, no matter what views are held as to the etiology of the toxæmias, it is generally agreed that their incidence can be reduced, or at any rate the graver manifestations can be prevented in the majority of cases. This can be done only by adequate prenatal care. This involves not only a general physical examination of the patient, the elimination of focal infections, and systematic and repeated examinations of the urine, blood pressure, body weight, and blood if indicated, but also an appraisal of the mental attitude of the patient to her pregnancy and labour, and of her economic position. Much toxæmia would be eliminated if women would consult their family practitioner or an obstetrician before pregnancy, rather than after. In other words the patient should find out whether she is fit to conceive.

At the first consultation a careful history should be taken. One should ask particularly for a

history of scarlet fever, diphtheria, nephritis, rheumatism or tonsillitis. The menstrual and obstetrical history should be investigated and recorded. At the first examination of the urine the reaction, specific gravity, presence or absence of albumin and sugar, and, if indicated, a microscopical examination of a centrifuged specimen for pus, blood, or casts, should be recorded. Infections of the urinary tract are not uncommon and contribute to toxæmia. At subsequent examinations the urine should be tested for albumin and the specific gravity noted. Patients should be instructed to note any marked reduction in the amount of urine passed. The blood pressure, both systolic and diastolic, should be recorded at each examination. Any reading over 140 systolic should call for close scrutiny of the patient. It is important to note the patient's weight at each visit, as failure to gain means under-nourishment, while a sudden rise in weight may be the first indication of disturbance of water secretion. Constipation should be avoided by advice as to food, exercise, and the drinking of large quantities of water. If necessary, mild laxatives such as liquid petrolatum, milk of magnesia, or compound liquorice powder may be ordered. Vomiting calls for hospital treatment if it is not kept within bounds when the patient takes "little but often" of proper foods, has sufficient sleep, rest and fresh air, and when a bromide mixture is exhibited. Delay may be costly and dangerous. LaVake states that the following signs call for therapeutic abortion in pernicious vomiting: a pulse rate rising above 120 and not reducible by rest, hydration and glucose administration, mental wandering or delirium and stupor, and signs of toxic myelitis.

Regarding diet, we have learned much from the physiologist and biochemist. Every pregnancy is a gigantic biochemical experiment in which a new organism is created, nurtured, and sheltered for nine months, then more or less precipitately expelled, and thereafter ideally nourished again from the breast for nine months more. For the building of fetal tissues, protein, carbohydrates and mineral salts are essential. In the first three months of pregnancy the carbohydrates are especially necessary to prevent depletion of the maternal stores of glycogen in the liver and to maintain its deaminising power. Lack of carbohydrates may cause an upset in carbohydrate metabolism with resultant vomiting. In the middle three months of pregnancy the proteins are indicated, and in the latter half the minerals are especially indicated. It is wise, however, to restrict the amount of meat taken in the last two months of pregnancy, as its excretion may throw too great a strain on the kidneys. It is well known that if the mother's diet does not supply the needs of the fetus it will draw on the mother's tissues. An experiment on a huge scale took place in Germany during the war years, 1917, 1918, 1919 when lack of proteins and fats led almost to starvation of the population. The children born during that period were slightly heavier than control children born in the period 1910-1912, and a striking decrease occurred in the incidence of eclampsia. Just before the Great War its incidence was about 2.0 per 1,000 births, while in 1918 it was 0.6, i.e., less than one-third, but in 1922 there was an increase up to 2.2 per 1,000 births.

The minerals required are calcium, phosphorus, iron and iodine. Calcium and phosphorus are necessary for the formation of the fetal skeleton. They are found in milk, green vegetables and egg yolk. If calcium is not supplied in the diet it will be withdrawn from the mother's skeleton. In extreme deficiency the mother may suffer from osteomalacia. Calcium is also sedative to the nervous system and so tends to prevent mental irritability. Nutritional anæmia is not uncommon in pregnant women and may contribute to toxæmia by reducing resistance. It is best combated by iron-rich foods, meat, fresh green vegetables, eggs and whole cereals. Kemp, of Vancouver, believes that deficiency of iodine may result in idiopathic stillbirths, i.e., those for which no evident cause of death can be found. Iodine is furnished by sea-foods, such as salmon, haddock, halibut, oysters, and also by iodized salt. Harding and VanWyck, of Toronto, have pointed out the dangers of ingestion of large quantities of table salt, since excessive chlorides throw a great strain on the kidneys and lead to retention of water. Certainly any patient with a tendency to water retention should be instructed to restrict the use of salt.

Vitamins are essential to growth and well-being. They are supplied by citrus fruits, milk, egg-yolk, yeast, whole cereals, cod liver oil, sunlight, wheat germ, carrots, nuts, and green vegetables. Vitamin B is indicated when there is polyneuritis. Exercise in the open air, sufficient sleep, and freedom from worry are powerful factors in the prevention of toxæmia. The doctor should make every effort to keep the patient's mental condition stable.

The Treatment of Established Toxaemias

All but the very mild forms call for rest in bed, preferably in a hospital. Good nursing is important, especially in pernicious vomiting. In treating this condition all visitors should be excluded. The other principles of treatment of hyperemesis have been mentioned earlier.

In pre-eclamptic toxæmia medical treatment should not be persisted in for more than a few days if there is no improvement. It is better in such cases to induce labour. In eclampsia the best treatment is that of Stroganoff or one of its modifications. Accouchement forcé and Cæsarean section have no place in the treatment of eclampsia, i.e., after convulsions have occurred or when the patient is in coma. Treat the symptoms and assist delivery only when the usual indications for intervention are present. In other words when eclampsia supervenes be a physician first, then an obstetrician.

Chronic nephritic toxæmia causes intrauterine death of the fetus more frequently than does pre-

eclampsia or eclampsia, therefore, earlier interference in induction of labour is desirable. Indeed, therapeutic abortion in the first two months of pregnancy is definitely indicated when the mother has had a bad obstetrical history in this connection.

Finally, toxæmic patients who recover should, if possible, be kept under observation for months or even years until the presence or absence of damage to kidneys, liver or heart can be ascertained.

SUMMARY

The toxæmias of pregnancy constitute a serious menace to the well-being, health, and even life of the expectant mother, and to her babe. The cause of eclampsia is not known. With proper care, and especially proper prophylaxis, the incidence and severity of the toxæmias can be greatly reduced.

Special Articles and Association Notes

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Minutes of Executive Meeting

Minutes of a Meeting of the Executive of the Manitoba Medical Association, held at the Fort Garry Hotel, Winnipeg, Wednesday, May 19th, 1937, at 6.30 p.m.

Present.

Members of the Executive:—Dr. Geo. Clingan, Chairman; Dr. F. G. McGuinness, Dr. E. S. Moorhead, Dr. C. W. Burns, Dr. W. S. Peters, Dr. E. C. Cunningham, Dr. H. O. McDiarmid, Dr. W. G. Campbell, Dr. J. D. Adamson, Dr. P. H. T. Thorlakson, Dr. S. G. Herbert, Dr. D. Wheeler, Dr. O. C. Trainor, Dr. F. W. Jackson.

Guests:—The Honourable I. B. Griffiths, Dr. J. S. Poole, M.L.A.; Dr. W. E. Campbell, Winnipeg Medical Society; Dr. G. S. Fahrni, Dr. Ross Mitchell, Dr. M. R. MacCharles, Dr. M. C. O'Brien, Dr. D. Wheeler, Dr. F. D. McKenty.

The above gentlemen on this occasion were the guests of the President, Dr. Geo. Clingan.

Following dinner, a few short addresses were given by the Honourable I. B. Griffiths, Dr. J. S. Poole, Dr. W. E. Campbell and Dr. M. C. O'Brien.

It was moved by Dr. W. S. Peters, seconded by Dr. J. D. Adamson: That the minutes of the last Executive meeting held on April 14th, 1937, be taken as read. —Carried.

Appointment of Nominating Committee.

The President appointed the following to act as a Nominating Committee to bring in a slate for the Annual Meeting: Dr. F. G. McGuinness, Dr. S. G. Herbert, Dr. P. H. T. Thorlakson, Dr. W. S. Peters, Dr. E. C. Cunningham.

Report of Executive Officer.

The Executive Secretary read a report of the activities carried on between meetings of the Executive during the past year, and tendered his resignation as Secretary of the Association to take place at the end of the financial year.

It was moved by Dr. Jackson, seconded by Dr. J. D. Adamson: That the report be received and filed. —Carried.

Following further discussion regarding the resignation of the Secretary, it was duly moved and seconded that this be accepted with much regret. —Carried.

The report of the Executive to the Annual Meeting was then read by the Secretary. Certain sentences in the report were not approved by the Executive and ordered deleted.

It was moved by Dr. G. S. Fahrni, seconded by Dr. J. D. Adamson: That this report be accepted. —Carried.

Reports for Annual Meeting.

The reports of the Standing Committees were then read.

It was moved by Dr. Ross Mitchell, seconded by Dr. C. W. Burns: That these be approved. —Carried.

Correspondence.

A letter was read from Dr. F. A. Young.

It was moved by Dr. D. Wheeler, seconded by Dr. Ross Mitchell: That this be referred to the incoming Executive. —Carried.

A letter was read from Dr. R. B. Collins.

It was moved by Dr. J. D. Adamson, seconded by Dr. O. C. Trainor: That this be referred to The College of Physicians and Surgeons.

Report of Resolutions Committee.

The Resolutions Committee (Dr. S. G. Herbert, Chairman) then reported and certain amendments were made to the resolutions.

It was moved by Dr. Ross Mitchell, seconded by Dr. C. W. Burns: That these be approved and sent on to the Annual Meeting for their consideration. —Carried.

Report of Nominating Committee.

The Nominating Committee then reported the slate of officers. With regard to the office of Secretary, considerable dicsussion took place in reference to those who might be put up for election, and practically all members of the Executive took part in the discussion.

It was finally moved by Dr. O. C. Trainor, seconded by Dr. F. D. McKenty: That Dr. C. W. MacCharles be nominated along with Dr. J. M. McEachern. —Carried.

Considerable discussion arose at this point in reference to the report of the Nominating Committee coming up at such a late date.

It was moved by Dr. F. G. McGuinness, seconded by Dr. Ross Mitchell: That in future the Nominating Committee be appointed at least one full month before the Annual Meeting, and that their suggested slate be published in the issue of the *Review* immediately preceding the Annual Meeting.

Scientific Exhibits.

Dr. Wheeler then brought up the question of scientific exhibits for Annual Meetings and referred the Executive to a letter which had been written in this connection. He thought that the scientific exhibits should be arranged in conjunction with the programme, so that there would be some connection between the papers given and the exhibits being shown.

It was moved by Dr. D. Wheeler, seconded by Dr. C. W. Burns: That this matter be dealt with by the incoming Executive. —Carried.

Cancer Institute.

Dr. M. R. MacCharles then spoke in reference to the Cancer Relief and Research Institute and the question of travelling clinics, pointing out that some money was available in connection with this proposed enterprise, and a suggestion had been made that two specialists should travel around and meet all the District Societies and also act as consultants to local physicians in suspected cases of cancer, as well as give public addresses for this work, receiving $100.00 a week each and their expenses. There was a great deal of discussion on this subject.

It was finally moved by Dr. O. C. Trainor, seconded by Dr. E. C. Cunningham: That this Association were of the opinion that no good benefits could be served by this type of clinics being held, that the principal objective to be aimed at should be wide spread education of the public and intensive education of the medical profession. —Carried.

Minutes of Annual General Meeting

Minutes of the Annual Meeting of the Manitoba Medical Association held in the Fort Garry Hotel, Winnipeg, on Thursday, May 20th, 1937, at 6.30 p.m.

The President, Dr. Geo. Clingan, was chairman of the meeting.

Attendance at meeting, 98 members.

Officers and guests at the head table were as follows:—

Dr. Geo. Clingan, Virden.
Honourable I. B. Griffiths, Winnipeg.
Dr. P. H. T. Thorlakson, Winnipeg.
Dr. J. D. Adamson, Winnipeg.
Dr. F. W. Jackson, Winnipeg.
Dr. C. W. Burns, Winnipeg.
Dr. E. S. Moorhead, Winnipeg.
Dr. W. G. Campbell, Winnipeg.
Dr. M. C. O'Brien, Frontier, Sask.

Following dinner, the President called the meeting to order, and called for the reading of the minutes of the last Annual Meeting.

It was moved by Dr. A. G. Meindl, seconded by Dr. S. G. Herbert: That in view of the minutes being published in the *Review* the reading of same be dispensed with, and: That they be adopted. —Carried.

The President then gave a short address introducing the Honourable I. B. Griffiths, Minister of Health. The Honourable I. B. Griffiths then addressed the meeting and expressed his pleasure at being present. He spoke of the pleasant relationship existing between the Department of Health and the medical profession. He spoke of the percentages of their appropriation which was used for the care of indigent persons and in preventive medicine, and expressed appreciation of the work done by both Drs. Montgomery and Jackson. In closing the Minister stated that sooner or later we would have to face changes in our social structure and whatever they may be he felt we should take cognisance of them and if possible direct them rather than leave them uncontrolled.

Report of Nominating Committee.

The President then called for the report of the Nominating Committee which was received as follows, and ballots were passed.

President	Dr. J. D. Adamson, Winnipeg Dr. C. W. Burns, Winnipeg
First Vice-President	Dr. E. L. Ross, Ninette Dr. R. E. Dicks, Dauphin
Second Vice-Pres.	Dr. D. J. Fraser, Souris Dr. C. R. Rice, Winnipeg
Treasurer	Dr. E. H. Alexander, Winnipeg Dr. Digby Wheeler, Winnipeg
Secretary	Dr. C. W. MacCharles, Winnipeg Dr. J. M. McEachern, Winnipeg
Rural Members	Dr. W. S. Peters, Brandon Dr. P. E. Moore, Hodgson
Winnipeg Members	Dr. W. G. Beaton, Winnipeg Dr. Earl Stewart, Winnipeg

It was then duly moved and seconded that nominations be closed and the President appointed the following as scrutineers, Dr. E. H. Whelpley and Dr. W. F. Tisdale. Following marking of the ballots the scrutineers retired.

Dr. J. D. Adamson then addressed the meeting as First Vice-President of the Association, and expressed his pleasure at being under the presidency of Dr. Clingan during the past year. He then called upon Dr. Clingan for his presidential address.

Presidential Address.

The President then addressed the meeting and gave a very interesting talk stressing the need

to maintain the high standards of the profession by careful selection of medical students. He spoke of the value of post-graduate courses to rural practitioners, and also voiced the gratitude of the country doctor for the assistance given to him by his fellow practitioners in the city, even when there is no accompanying remuneration to the latter. He said that his own enthusiasm for the medical profession is as keen now as it was when he commenced to practice 45 years ago, and he asked the young doctors always to keep their enthusiasm for their work. This address is being published in full in the *Review*.

Dr. Thorlakson replied to Dr. Clingan's remarks and expressed the appreciation of the Association for his address.

Committee Reports.

The various Committee reports were read by the respective chairmen and, being duly moved and seconded, were passed.

REPORT OF EXECUTIVE COMMITTEE

To the Members of the
Manitoba Medical Association.

Your Executive Committee begs to report as follows for 1936-37:

There were held during the year five regular meetings of the full Executive and two special meetings of the Winnipeg members.

At the first regular meeting held on September 18th, 1936, the Executive elected at the May meeting took over the business of the Association. Important items of business dicsussed at this meeting were, first, the question of Federation, taking up particularly the resolution which had been passed at the Canadian Medical Association Council meeting in Victoria in June. There was considerable discussion on the resolution and the Executive felt that it was essential that a Committee be appointed to consider this question, and keep in touch with developments. Dr. F. D. McKenty, who had been Chairman of the previous Committee, was re-elected and given power to choose his own Committee. At this same meeting there was some discussion on the question of control of specialists in Canada, a letter having been received from the Medical Council of Canada enclosing resolution passed by that body. In view of the many complicated points the resolution and communication were ordered to be mimeographed and sent to members of the Executive Committee.

The second regular meeting was held on October 22nd, 1936. At this meeting the regular Committees of the Association were appointed. Representatives from The College of Physicians and Surgeons brought information to the effect that the Cancer Relief and Research Institute had been requested to address the annual convention of the United Farmers of Manitoba, and it was suggested that this organization should be asked to send a speaker to one of the sessions of the next Annual Meeting of the Manitoba Medical Association, and instructions were issued that Dr. C. R. Rice be authorized to extend an invitation to the United Farmers of Manitoba to send a representative to our next Annual Meeting to address the members of the Association. Dr. Moorhead, Chairman of the Committee on Sociology, presented a report to your Executive at this meeting, covering the work which had been done by his Committee, and requesting authority for the expenditure of funds to employ clerical help to continue the statistical survey being made of doctors' returns being received by the Relief Department, City of Winnipeg. This authority was given to Dr. Moorhead. Dr. Moorhead, as our representative on the Canadian Medical Association Executive, also reported on the last regular meeting of the Executive, which he had attended. The question of control of specialists also came up for discussion, and finally a Committee was formed under the chairmanship of Dr. O. C. Trainor, who were asked to prepare a report on this subject and present it to the next meeting of the Executive.

The third regular meeting was held on January 27th, 1937. At this meeting Dr. Trainor read his report on the control of specialism. There was considerable discussion in reference to the report, and finally instructions were issued that copy of this report should be sent to the Secretary of the Canadian Medical Association. The report set out, we think, quite clearly the stand of this Association on the question of specialism. At the same meeting the Programme Committee for the Annual Meeting to be held in May was appointed. Dr. Moorhead also reported on the last Executive meeting of the Canadian Medical Association which he had attended, and pointed out that the question of Federation was still under discussion. In view of the fact that we had a Committee under the chairmanship of Dr. F. D. McKenty investigating this matter further, there was no action taken.

The fourth regular meeting was held on April 14th, 1937, and was for the purpose of hearing the report of the Programme Committee. However, there was another question which came up for discussion which is of considerable importance to the whole profession, namely, that of the disposition of the King George V. Silver Jubilee Cancer Fund for the control of cancer. Information had been received from the Chairman of the Committee on Cancer of the Canadian Medical Association to the effect that the Canadian Medical Association had been promised the interest on this fund if they will undertake the organization of a dominion-wide cancer body. In fact, the first year's interest had already been received. Your Executive Committee, after complete discussion of the subject, suggested that the following resolution be presented to the Resolution Committee for their consideration, the same presented to the Annual Meeting.

> "THAT this Executive is in favor of the formation of a representative national society for combatting cancer, and we believe the Canadian Medical Association should do all in their power to initiate

such an organization, and

"THAT any money already turned over to the Canadian Medical Association by the Board of Trustees of the King George V. Silver Jubilee Cancer Fund should be held in trust and be turned over to the new organization on its formation, and

"THAT the Cancer Relief and Research Institute be the Manitoba body to represent the M.M.A. in any national organization."

Dr. Moorhead reported on some correspondence with the Ontario Medical Association in reference to their report on the Essex County medical relief survey, pointing out that your Association had been in this field for a considerably longer period than the Ontario Medical Association and yet were getting no credit for their work. As a matter of fact the report of the Ontario Medical Association made it appear as if they were the first body to undertake any scheme of medical services to the unemployed. The letter Dr. Moorhead had written to the Ontario Medical Association in reference to this question was approved by your Executive.

The fifth regular meeting was held on the evening of May 19th, 1937, at which meeting reports of the various Committees were received and approved, and are being presented to you at this Annual Meeting. We would ask you take them with you and give them the study they deserve.

Two special meetings of the Executive were held, the first one on July 9th, 1936, which was called for the purpose of considering a communication received from the Workmen's Compensation Board re. the appointments to the Special Committee of the Board. As a list of names was suggested by the Executive, the President and Secretary were instructed to go over this list and if satisfied to send it along to the Workmen's Compensation Board. Dr. Moorhead reported on the Executive meeting of the Canadian Medical Association held at Victoria. Dr. W. Harvey Smith, who had been invited to the meeting, presented a report on a proposed trial of voluntary health insurance. He reported particularly on the plan now in operation in the state of Washington, and after considerable discussion, instructions were issued to turn this report over to the Committee on Sociology for their consideration.

The second special meeting was held on September 25th, 1936, to meet Dr. T. C. Routley, who was on his way back east. Dr. Routley reported on the provincial meetings of Alberta and Saskatchewan, and brought forward the question of Federation. Considerable discussion took place in reference to this and the general consensus of opinion seemed to be that the Provincial representatives on the Executive of the Canadian Medical Association might be a Committee to study in all its ramifications the question of federation.

You will see that during the past year your Executive Committee has tried to carry on the business of the Association as it has been done in the past, and we trust that our efforts meet with your approval. It would seem some of the questions likely to come up during the coming year for the consideration of the incoming Executive will be (1) Federation, (2) Cancer Control in Canada, (3) Control of Specialism, and (4) Health Insurance. We feel that this latter subject should continue to be one of the major subjects of study by your Executive, and particularly by the Committee on Sociology, so that the profession will be in a position to intelligently consider any proposal of province-wide set-up of Health Insurance, if and when this should be submitted to them.

All of which is respectfully submitted.

GEO. CLINGAN,
President.

F. W. JACKSON,
Secretary.

MANITOBA MEDICAL ASSOCIATION

Statement of Revenue and Disbursements From August 1, 1936 to May 10, 1937.

	$1,549.00	$1,150.20
Revenue:		
By Fees Collected to May 10th, 1937		$2,580.00
257 Full Memberships @ $10.00.		
2 Half Memberships @ $5.00.		
By Interest on Bonds		120.00
Expenses:		
To Manitoba Medical Association Review (no cost)	Nil	
Advance on Entertainment	$ 20.00	
Bank Charges	13.85	
General Expenses:		
8 wreaths, deposit box, telephone	58.30	
Doctor F. W. Jackson	675.00	
Postage, Stationery, Printing, etc.	175.15	
Rent to Medical Arts Building	90.00	
Medical Business Bureau–Stenographic & Clerical Services	517.50	
	$1,549.80	$2,700.00
		1,549.80
		$1,150.20

MANITOBA MEDICAL ASSOCIATION

Statement of Assets and Liabilities As At May 10th, 1937.

Assets:		
Cash on Hand		$ 10.00
Balance in Bank of Montreal		2,913.55
Investments—Bonds at Cost:		
Province of Man. 1956, 4½%	$2,000.00	
Province of Man. 1947, 4%	1,000.00	
Dom. of Canada 1943, 5%	500.00	
Can. Nat. Rlys. 1969, 5%	1,000.00	
Accounts Owing by Advertisers	598.60	
	4,518.50	
Extra Mural Expenses (Chargeable to College of Physicians & Surgeons)	13.00	

Liabilities:			
Accounts Payable (Owing on May Issue of Review)			$ 145.61
C.M.A. Annual Fee Collected			10.00
College of Physicians and Surgeons–Annual Fee Collected			2.00
Balance at Credit of Sociology Committee (difference of $60.00 per month paid over actual expenses)			184.72
Surplus Account:			
By Surplus at July 31, 1936	$6,561.12		
Add Surplus for Year to Date	1,150.20		7,711.32
		$8,053.65	$8,053.65

REPORT OF COMMITTEE ON SOCIOLOGY

To the President and Members of the
Manitoba Medical Association.

I have the honor to submit the following report:

The Committee on Sociology has had work to do in two separate fields during the past year, one the operation of the Medical Relief Scheme for Greater Winnipeg, and the other, certain questions that have arisen with regard to the relationship of the Manitoba Medical Association and Canadian Medical Association, and the activities of the latter.

The scheme appears to function with a reasonable amount of smoothness. There is always the financial worry; lessened income on the part of the City, a small decrease in the numbers on relief, and rising medical costs. If it were not that the service given is so excellent, the scheme would probably have been dropped long ago. I must remind you that the units of Greater Winnipeg are bearing the full cost of medical services without assistance from Province or Dominion. In Toronto the service is provided by the Province, and yet up to the present their doctors receive much less for their services than you do. Recently the capitation fee was raised from 25c to 35c per head per month. Montreal doctors also receive less than you do, but I do not know how their finances are provided.

Drs. Gordon, Medovy, Corrigan and McRae undertook an independent survey as to why the costs should be rising, and the result of their efforts was forwarded to the City representatives. It may explain the situation but will not, I am afraid, correct it.

During the year several efforts were made to convince the Medical Relief Committee of the City of Winnipeg that pre-natal care was a necessary service which should be paid for. The Committee acknowledged the reasonableness of the views put forward, but felt unable to meet the extra expense. The Committee asked the oculists to provide examinations for those whose glasses through time had become unsuitable. The opticians felt that their qualifications should be recognized, especially as they had in many cases supplied the original glasses. However, the Committee after hearing both sides, decided that oculists alone should do the examinations. The fee agreed upon was on a lower scale than that for original refractions.

A new recording method has been instituted, designed to reduce the clerical work of the doctors and of the administration. The cards provide for the minimum amount of information necessary for accurate morbidity statistics. These will be of inestimable value in the future should the government of the day express a wish to institute a health insurance scheme.

Considerable resentment was felt by the Committee on Sociology at the claim by Ontario that "there was no precedent of the operation of a similar plan elsewhere," and also "The Ontario Medical Association would have the opportunity of compiling valuable statistics which hitherto have not been available elsewhere." The Ontario plan was instituted after ours had been in operation for a year. Dr. Routley in a letter written in March, 1935, expressed his appreciation of the assistance we had been to him in establishing the Ontario plan. It is worthy of note that though our reports of the first and second years' operation of the Winnipeg scheme were sent to the Editor, no reference has been made to them in the Canadian Medical Association *Journal;* whereas the Ontario report, which is a financial statement and not a morbidity record, is referred to fully.

Federation under the new constitution of the Canadian Medical Association appears to have been pushed into the background for the time being, and its place taken by a drive for membership at a reduced fee. It has been found that Federation requiring one hundred per cent membership was an impossibility at present. Provinces have offered to bring in various percentages of their total numbers in return for membership privileges at a fee of $8.00 per annum. So far this has not appealed to the Committee on Sociology sufficiently for them to recommend a similar course to the Manitoba Medical Association. There would be no privileges under Federation which could not be found under the former constitution, and for the larger number the only advantage would be receiving the *Journal* of the Canadian Medical Association for $8.00 instead of $10.00.

When it became necessary to appoint an Assistant Secretary for Economics, the West hoped that its peculiar economic difficulties would be recognised. Your representative under instructions from the Manitoba Medical Association Executive advocated the appointment of a man with the following qualifications: "That he be a man between 35 and 45 years of age, who has been in general practice. If possible, he should reside in the West, as the situation there is very acute. He should devote his whole time to the work. He should not be a man who has spent most of his time as a university professor. The name or names submitted should be sent to the Western Provinces for approval before any appointment is finally made."

At the Executive Meeting Dr. Routley was asked to assume the duties of the Department of Economics. Owing to his trip to England and other duties, the West has not had the privilege of a visit from him since last September, and may not see him until next September. Partly for the same reason there have been no meetings of the Executive of the Canadian Medical Association since last October. Members have been asked to express their opinions through the mail, without having the benefit of the free discussion which appears so necessary when problems of national importance are being settled.

I think that I cannot better describe the situation in Manitoba than by quoting from a report written to Dr. Wilson, Chairman of the Committee on Economics of the Canadian Medical Association. "Relatively few have given serious thought to Health Insurance, as it has not been with us a live issue as with you. In discussions it is frequently dismissed as state medicine and therefore deleterious to the profession. Also the question arises to a certain extent in Winnipeg, how far would health insurance interfere with the supply of clinical material for teaching purposes in the hospitals utilised by the Medical College.

There is neither antagonism to nor enthusiasm for the principles laid down in the Calgary report. Income level might become a very live issue. I think that a complete medical service and free choice of doctor are in general approved. Cash benefits are regarded as outside the scope of the profession. In answer to question two, an attempt was made to start trial insurance in two rural areas but failed for financial reasons. Municipal doctors seem to be growing more popular with the municipalities, though the number at present is only six.

The Greater Winnipeg Medical Relief Scheme has entered on its fourth year. It is popular with the unemployed, for they get an excellent service. The doctors have co-operated loyally. Of course, there are difficulties, mainly financial, but the scale of fees paid is very much higher than we find in Toronto or Montreal, and good records are being kept.

The relations between the Department of Health and the profession are probably happier than in most of the other Provinces in Canada. The Deputy Minister of Health is also Secretary of the Manitoba Medical Association, and his services as liaison officer have been very valuable. The Minister of Health, who is not a doctor, has breadth of vision, a sincere desire to improve conditions, and is always willing to listen sympathetically to the problems presented to him. I quote from the daily press, some of his views expressed in the legislative chamber recently. "The minister touched on the debated topic of health insurance without committing himself definitely one way or the other. No scheme will be started in Manitoba, he says, without the consent and promised co-operation of the doctors."

In conclusion I wish to express my appreciation and thanks to all members of the Committee on Sociology for their valuable services. They have attended meetings regularly. In addition to their work in connection with the relief scheme, they also carry out many services deputed to them by the Executive of the Manitoba Medical Association. Their investigations and correspondence thus save time and delay when presented at executive meetings.

All of which is respectfully submitted.

E. S. MOORHEAD,
Chairman, Committee on Sociology.

REPORT OF COMMITTEE ON HISTORICAL MEDICINE AND NECROLOGY

To the President and Members of the
Manitoba Medical Association.

Your Committee begs to report as follows:

In September, 1936, an article on Dr. John Rae, the Arctic explorer, who has many associations with Fort Garry and Winnipeg, appeared in the "Beaver." The Medical History Club has met from time to time and interesting papers have been presented.

Within the last year the deaths of the following doctors have been recorded: Dr. W. Herbert Secord, M.C., May 13, 1936; Dr. Gaspard L. Marsolais, September 14, 1936; Dr. W. Lorne Atkinson, September 15, 1936; Dr. Robert Sturton Thornton, LL.D. (Queen's), September 18, 1936; Dr. Jon Stefansson, September 29, 1936; Dr. John McDiarmid, October 16, 1936; Dr. R. J. Campbell, January 29, 1937 and Dr. D. A. Stewart, February 16, 1937.

Dr. Secord was Vice-President of the Manitoba Medical Association, President of the Winnipeg Medical Society, Treasurer and President of the College of Physicians and Surgeons of Manitoba and a member of the Medical Council of Canada. Dr. Thornton was Minister of Education in the Norris Government and President of the Medical Council of Canada. Dr. John McDiarmid was the pioneer physician of Brandon and served as Mayor for five years. Dr. R. J. Campbell was President of the College of Physicians and Surgeons of Manitoba and Dr. D. A. Stewart, whose death was so recent, who held so many positions of trust and honor that it is difficult to name all. He was President of the Manitoba Medical Association in 1926, and for over twenty-five years was Superintendent of the Manitoba Sanatorium for Tuberculosis at Ninette. In the field of tuberculosis he was known as "Stewart of Manitoba." To the relatives and friends of these physicians we extend our sincere sympathy.

All of which is respectfully submitted.

ROSS MITCHELL.

REPORT OF LEGISLATIVE COMMITTEE

To the President and Members of the
Manitoba Medical Association.

Your Legislative Committee wishes to report as follows for 1936-37:

There have been no contentious questions before your Committee this year; consequently, we have nothing to report.

All of which is respectfully submitted.

G. S. FAHRNI,
Chairman, Legislative Committee.

REPORT OF THE RADIO COMMITTEE

To the President and Members of the Manitoba Medical Association.

Your Committee wishes to report as follows for 1936-37:

At the present time regular broadcasting on medical subjects is being done by the Department of Health, Provincial Government. The Manitoba Medical Association has given over the regular broadcasts to this department.

During the past year your Committee co-operated with the Manitoba Association for Adult Education in broadcasting a series of talks regarding the ideals and activities of the medical profession. A series of broadcasts were also arranged in conjunction with the Cancer Relief and Research Institute during their cancer campaign.

All of which is respectfully submitted.

R. W. RICHARDSON,
Convener, Radio Committee.

REPORT OF COMMITTEE ON MATERNAL MORTALITY

Mr. President and Members of the Executive.

Your Committee begs to report as follows for the year 1936-37:

There were 73 maternal deaths in Manitoba in 1936. Of these 73 deaths, 20 or 27.4% were due to puerperal sepsis, 15 or 20.6% to toxaemia, 9 or 12.4% to haemorrhage, and 10 or 13.7% to abortion. Apart from these 73 maternal deaths, there were 16 deaths during pregnancy or the puerperium due to associated diseases.

Your Committee has been co-operating with the Canadian Medical Association Committee on maternal welfare in an effort to put into effect recommendations made last year. The Federal Department of Pensions and Health are now endeavouring to secure accurate data from which information, suitable educational demonstrations may be given at strategic points in the different provinces.

Guiding regulations suitable for the larger hospital and for the small rural hospital in as far as maternity service is concerned, are being prepared.

A refresher course in obstetrics and gynaecology was made available for graduates by the Faculty of Medicine of the University of Manitoba during the past year.

Respectfully submitted.

J. D. MCQUEEN,
Chairman, Committee on Maternal Mortality.

REPORT OF THE EDITORIAL COMMITTEE

To the President and Members of the Manitoba Medical Association.

The Editorial Committee begs to report as follows:

The various sections of the *Review* have been continued as in the previous year. The financial position is as set out in detail in the report of the Honorary Treasurer, and the publication continues to be self-supporting.

The editor wishes to record his thanks to all those who have contributed papers, to the Faculty of Medicine for their co-operation, to the office staff, to the printers, Messrs. J. & N. S. McLean, and to the Business Manager, Mr. J. G. Whitley, whose efficient work is to a large extent responsible for the financial success of the publication.

All of which is respectfully submitted.

C. W. MACCHARLES,
Editor, Chairman Editorial Committee.

REPORT OF THE EDITORIAL COMMITTEE OF THE CANADIAN MEDICAL ASSOCIATION JOURNAL

To the President and Members of the Manitoba Medical Association.

During the past year the following Manitoba physicians have contributed to the Canadian Medical Association *Journal:*—Doctors A. C. Abbott, G. L. Adamson, J. D. Adamson, Wm. Boyd, F. T. Cadham, A. T. Cameron, Bruce Chown, C. R. Gilmour, G. H. Hamlin, M. D. Hollenberg, E. James, H. D. Kitchen, F. A. L. Matthewson, Ross Mitchell, S. J. S. Pierce, Jas. Prendergast, C. B. Stewart, D. A. Stewart, P. H. T. Thorlakson, C. H. A. Walton and F. D. White.

A number of items of medical interest have been recorded under the headings "Manitoba Notes" or "University of Manitoba."

It is of interest to note that in connection with the paper on "Gastrology" by Drs. Thorlakson and C. B. Stewart, colored plates were used for the first time in the history of the C.M.A. *Journal.* The plates were made from drawings made by Dr. J. T. Lawson.

All of which is respectfully submitted.

ROSS MITCHELL.

REPORT OF THE WORKMEN'S COMPENSATION REFEREE BOARD

To the President and Members of the Manitoba Medical Association.

No questions were referred to this Committee for consideration during the past year.

Respectfully submitted.

WILLIAM CHESTNUT,
Chairman, Workmen's Compensation Referee Board.

REPORT OF THE EXTRA MURAL COMMITTEE

To the President and Members of the
Manitoba Medical Association.

Your Extra Mural Committee wishes to report as follows for the year 1936-37:

Your Committee provided speakers on three occasions for the Brandon and District Medical Association: there were two speakers at the first meeting held on June 18th, 1936, at Brandon; one speaker at the second meeting, a conjoint meeting at Clear Lake, held on September 9th; two speakers at the third meeting, this being the Annual Meeting of the Brandon and District Medical Association, held on May 4th at Brandon. Dr. G. A. Little, Secretary of the Brandon and District Medical Association, has been most faithful in his work and has gone to a great deal of trouble to try and make his meetings a success.

The North Western Medical Association was successful in holding regular monthly meetings throughout the year, for which we contributed altogether six speakers: there were two speakers supplied at the first meeting held on June 10th, 1936, at Russell; two speakers were supplied at the second meeting held on July 8th at Oak River; two speakers were supplied at the third meeting held on August 12th at Minnedosa. A special meeting of this Association was held in conjunction with the Brandon and District Medical Association at Clear Lake on September 9th.

During the year three speakers were obtained for the Southern Medical District Society: two speakers were supplied at the first meeting held on June 18th, 1936, at Morden; one speaker was supplied at the second meeting held on September 10th at Morden.

The Northern Medical Society sent in a request for two speakers for a meeting on the 14th of August at Dauphin, which we were able to supply.

This makes a total of sixteen speakers secured by your Committee and sent to the district societies at no expense to the societies themselves, all travelling expenses having been met by the money received from The College of Physicians and Surgeons for this purpose. Those going on these speaking tours were good enough to give their time gratis. We appreciate very much the very generous action of The College of Physicians and Surgeons in donating the money required for travelling each year, and we trust that they will see fit to continue this contribution.

All of which is respectfully submitted.

F. W. JACKSON,
Chairman, Extra Mural Committee.

Report of Resolutions Committee.

The Resolutions Committee submitted the following resolutions, which were read by Dr. S. G. Herbert, Chairman. They were all duly moved, seconded and passed, with the exception of Resolution No. 10, as shown hereunder.

1. **Resolution of Loyalty to His Gracious Majesty King George VI.:**

   The members of the Manitoba Medical Association, in annual meeting assembled, do hereby pledge their unswerving loyalty to the Throne and Person of His Majesty King George VI. and His Gracious Consort Queen Elizabeth.

2. **Resolution re. Canadian Medical Association and The King George V. Silver Jubilee Cancer Fund:**

   THAT this Association is in favor of the formation of a representative national society for combating cancer, and we believe the Canadian Medical Association should do all in their power to initiate such an organization, and

   THAT any money already turned over to the Canadian Medical Association by the Board of Trustees of the King George V. Silver Jubilee Cancer Fund should be held in trust and be turned over to the new organization on its formation, and

   THAT the Cancer Relief and Research Institute be the Manitoba body to represent the Manitoba Medical Association in any national organization.

3. **Resolution re. Health Insurance:**

   The Manitoba Medical Association in annual meeting assembled do hereby resolve:

   WHEREAS there does not seem to be anywhere in Canada sufficient data on morbidity amongst our population, rural and urban, and

   WHEREAS in the City of Winnipeg through the medical services to those in receipt of unemployment relief, there is being gathered some information of value,

   THEREFORE BE IT RESOLVED THAT we urge upon the responsible authorities that there be no action taken on health insurance in the Province of Manitoba until such time as further information has been gathered by means of trial areas throughout rural districts, and

   BE IT FURTHER RESOLVED THAT the Committee on Sociology of this Association be asked to keep the Executive informed on the whole question of Health Insurance as it applies across Canada.

4, 5, 6, 7, 8 and 9. Resolutions were then passed expressing thanks to the Ladies' Committee, the Fort Garry Hotel, the Press of the City of Winnipeg, the St. Charles Country Club, St. Boniface Hospital and the Niakwa Country Club, for their most liberal assistance to the Association during the Annual Meeting.

10. WHEREAS, under the present Hospital Aid Act as interpreted by the Municipalities, any pateint admitted to the public wards of a hospital whether under the care of a member of the Honorary Attending Staff or of a private physician may, irrespective of the patient's financial status, charge his hospital

account to his Municipality. Under these circumstances the Hospitals are only able to collect from the Municipalities the sum of $1.50 a day, and receive from the Provincial Government the sum of 40c a day for the patient's stay in hospital. The hospitals cannot collect from the Municipalities for any extras—x-rays, laboratory examinations, operating room, medicines, and

FURTHER, it is alleged a number of persons able to pay a fee to a private physician are being admitted to the public staff wards of hospitals, on guarantee of their public ward rate hospital account by their Municipality, and thus escaping the payment of a fee to the physician, and

FURTHER, it is our opinion that the present arrangement is unfair to Hospital and Physician alike, and

THEREFORE, we the Honorary Attending Staff of the Grace Hospital of Winnipeg, memorialize the Manitoba Medical Association requesting that they strike a Committee to discuss the problems involved, as they relate to the patient, the hospital and the profession, with the Manitoba Medical Association, and

FURTHER, that the Manitoba Medical Association Committee following upon such discussion, be empowered to act with the Manitoba Hospital Association in the best interests of all concerned.

It was moved by Dr. S. G. Herbert, seconded by Dr. Digby Wheeler: That Resolution No. 10 be left in abeyance and that the incoming Executive deal with same, taking whatever action may be necessary. —Carried.

New Business.

Dr. C. M. Strong addressed the meeting and advised that a letter had been written by him to the Manitoba Medical Association and it had been discussed at a meeting of the Executive, and a reply forwarded to him stating that the matter would be further dealth with; but to date nothing whatever has been done. Dr. Strong stated that he desired action in connection with this letter, and desired that it be read before the meeting, omitting the press. The Secretary read the previous minutes and stated that Dr. Strong's letter had been discussed but in view of the magnitude of the question involved the matter had been left to the Winnipeg members of Executive, but that these had not been called together through neglect on the part of the Secretary. The President then asked Dr. Strong if he was willing to consent to the new Executive dealing with it.

It was moved by Dr. C. M. Strong, seconded by Dr. G. W. Fletcher: That this letter be referred to the incoming Executive for attention. —Carried.

Continued on page 119

Department of Health and Public Welfare

NEWS ITEMS

VENEREAL DISEASE IN MANITOBA: During the past year much interest has been centred on the unusual prevalence of poliomyelitis in the province. True, it was of unprecedented severity, resulting in some 539 cases, yet perhaps it is not realized by the profession that we have present at all times contagious diseases of much greater severity, resulting eventually, in an equal number of permanently incapacitated people, namely, the greatest of modern plagues, venereal diseases.

In the year 1936 in Manitoba there were reported to the Department of Health and Public Welfare 1,502 cases of venereal diseases, comprising of 1,096 cases of gonorrhoea and 406 cases of syphilis. This number, which undoubtedly does not express the full extent of the problem, is greater by 10 per cent than the total cases of poliomyelitis, tuberculosis, diphtheria and typhoid fever combined. In fact, it ranks fourth in the list of all communicable diseases, being exceeded only by the common childhood infections of chicken pox, measles and scarlet fever. Syphilis alone was responsible last year for about 6 per cent of admissions to the mental hospitals in Manitoba, and in the list of causes of death of all children under three years of age, syphilis ranks fifth. Dr. Thomas Parran, Surgeon General of the U.S.P.H.S., is responsible for this statement: "Syphilis is responsible for 10 per cent of all insanity, 18 per cent of all diseases of the heart and blood vessels, and for many of the still births and deaths of babies in the first year of life."

Health Departments everywhere are enlarging their efforts in the direction of stamping out these totally unnecessary diseases. That this objective can, to a very large extent, be made a practical accomplishment, has been shown by the efforts in the Scandinavian countries, resulting, during the past twenty years of their intensive campaign, in a reduction of over 90 per cent of all cases of syphilis, which has become in these countries a comparatively rare disease.

The following figures for the year 1936 may serve to form a general impression of the extent of the problem in Manitoba at present:

Male, 1,153; female, 349.

Married, 369; single, 1,105; under 12 years, 28.

Under 20 years, 227; 20-30 years, 669; 30-40 years, 327; over 40 years, 279.

These cases, of course, represent only those who were reported to the Department, and who were actually under treatment. It is presumed that the actual number of cases is many times the above figure. The reported cases were received as follows:

From various clinics and institutions, 949.

From Private Physicians, 553.

The Department of Health is anxious to assist in every way possible in the eradication and treatment of these cases; to this end the co-operation of the medical profession is a very necessary adjunct. The first step in any campaign must, of necessity, be to find the cases. It is significant that since 1927, there has been an almost steady decline in the number of cases reported by private physicians, whilst the reports from other sources have actually risen. More complete reporting would very materially assist in directing the efforts of all interested, in the proper direction.

It is entirely reasonable that those who can, should go to the best private physician they can afford; it is equally reasonable that the province should make it possible for the private physician, if he wishes, to keep his personal contact with those who can pay little or nothing. To this end, during 1936, the province supplied 861 doses of neosalvarsan, 1,199 doses of mapharsen and 1,155 doses of metallic bismuth, to private physicians and institutions, for use with indigent patients.

During the year the distribution of mapharsen was begun, and for the past twelve months it has been used almost exclusively at the free clinic conducted by the Department at St. Boniface Hospital. Very encouraging reports have been received from many clinics using this preparation, and the following editorial, which appeared in the British Medical Journal of November 14, 1936, is reprinted here for the information of interested practitioners:

MAPHARSEN IN THE TREATMENT OF SYPHILIS

"Any drug which appears to have a well-marked beneficial effect in syphilis is worthy of attention. Mapharsen is the hemialcoholate of meta-amino-para-hydroxy-phenyl-arsine oxide and is also known as arsenoxide; it is interesting to note that this is the precursor substance in the synthesis of arsephenamine and also the compound formed in the body by the breakdown of arsphenamine. This drug has recently been given an extensive clinical trial in America by Gruzhit and his collaborators (1) over a period of two and a half years, involving 75,589 doses and 4,841 patients. Their method was to give three courses of eight weekly injections of mapharsen with two courses of eight injections of mercury salicylate in between, and, finally, a course of twelve injections of bismuth subsalicylate, the whole period of treatment occupying fifty-two weeks. Under this regime 100 per cent of cases of sero-negative primary, 92 per cent of cases of sero-positive primary, and 97 per cent of cases of secondary syphilis gave negative Kahn reactions after one year's "continuous" treatment. Spirochaetes disappeared from superficial lesions within twenty-four to forty-eight hours after one dose of 0.04 gram, and the lesions themselves healed more quickly than with neo-arsphenamine. After one year's treatment as outlined above no case showed a pathological spinal fluid, but serologic relapse in a period from two months to two years occurred in 14.9 per cent of cases. Reactions were never severe (no jaundice or exfoliative dermatitis), but moderate reactions occurred 4.4 times per 1,000 injections. Moore and others (2) found that mapharsen had an effect on the serum reactions almost identical with arsphenamine and superior to that of neoarsphenamine, but Kulchar and Barnett (3) state that whereas lesions heal more quickly with mapharsen than with neoarsphenamine, serological reverse occurred more slowly than with arsphenamine. Other investigators (Foerster, et. al.) (4) report more and severer reactions, including jaundice (5 per cent) and renal impairment, and Stokes stated that reactions might deter patients from continuing their attendance. There is some evidence that irregular or inadequate treatment results in rather a high proportion of pathological spinal fluids, but this may well happen with any drug. There seems little doubt that mapharsen is a potent remedy fit to be ranked with arsphenamine in the treatment of early syphilis, even if moderate reactions arise as often as, or more often than, with that drug: the severe ones, such as exfoliative dermatitis and jaundice, seem to be rare, and in no case has a death directly due to mapharsen been reported. There are no reports of any extensive trial of the drug yet published in this country, though it is being tested in a number of clinics. It certainly seems worthy of an extended trial, in conjunction with either bismuth or mercury. Since it is reported that 80 per cent of a given dose is eliminated within one week, it might be that the concurrent use of bismuth would give better results than alternating courses of the two drugs." —M. R. E.

BIBLIOGRAPHY
(1) Arch. Derm. and Syph., 1936, xxxiv., 432.
(2) Amer. Journ. Syph., 1936, xx., 503.
(3) Ibid., 1936, xx., 482.
(4) Arch. Derm. and Syph., 1935, xxxii., 848.

COMMUNICABLE DISEASES REPORTED
Urban and Rural - April, 1937.

Occurring in the Municipalities of:

Measles: Total 599—Winnipeg 386, Souris 43, St. Boniface 28, Cameron 25, St. Vital 17, Portage Rural 14, Glenwood 9, Grandview Rural 9, Kildonan East 6, Unorganized 6, Brandon 4, Gilbert Plains Rural 3, Roblin Town 3, Grandview Town 2, Rossburn Rural 2, St. James 2, Armstrong 1, Lac du Bonnet 1, Rhineland 1, Rockwood 1, Sifton 1, Springfield 1 (Late Reported: March, Pipestone 30, Louise 3, Kildonan East 1).

Whooping Cough: Total 128—Winnipeg 108, St. James 4, Unorganized 3, St. Boniface 2, St. Vital 1 (Late Reported: March, Unorganized 8, St. Boniface 2).

Scarlet Fever: Total 105—Winnipeg 37, Macdonald 15, Kildonan East 5, Unorganized 5, Grey 3, Morris Rural 3, Portage Rural 3, Stanley 3, St. James 3, Morris Town 2, Roland 2, Selkirk 2, Stonewall 2, St. Vital 2, Transcona 2, Armstrong 1, Brandon 1, Cameron 1, Tuxedo 1, Flin Flon 1, Lawrence 1, Portage City 1, Ritchot 1, Rockwood 1, Shell River 1, Teulon 1, Thompson 1 (Late Reported: March, Roland 1, Selkirk 1, St. Paul West 1, Teulon 1).

Chickenpox: Total 91—Winnipeg 24, Kildonan East 16, St. Andrews 8, Oak Lake 7, Sifton 7, Kildonan West 7, Brandon 4, Lorne 4, Argyle 3, Dauphin Town 1, Ethelbert 1, Flin Flon 1, Portage City 1, St. Boniface 1, The Pas 1, Woodworth 1 (Late Reported: March, Rivers 4).

Tuberculosis: Total 58—Winnipeg 20, St. Boniface 4, St. Vital 4, Unorganized 3, Brokenhead 2, Kildonan West 2, Portage Rural 2, St. Clement 2, Transcona 2, Bifrost 1, Brooklands 1, Clanwilliam 1, Dauphin Town 1, Flin Flon 1, Lac du Bonnet 1, Mossey River 1, McCreary 1, Norfolk South 1, Rhineland 1, Roblin Town 1, Selkirk 1, Siglunes 1, Springfield 1, Stanley 1, Strathclair 1, St. Andrews 1.

Mumps: Total 48—Brooklands 17, Winnipeg 14, Boissevain 14, Melita 1, St. Clement 1, St. Paul West 1.

Influenza: Total 41—Winnipeg 3 (Late Reported: March, Unorganized 38).

Erysipelas: Total 10—Winnipeg 6, Boissevain 1, Grey 1, La Broquerie 1, St. Vital 1.

German Measles: Total 5—Brokenhead 1, St. Boniface 1 (Late Reported: March, Roland 2, Louise 1).

Diphtheria: Total 9—Winnipeg 5, Morden 1, St. James 1, St. Paul West 1, The Pas 1.

Undulant Fever: Total 2—Grandview Town 1, Kildonan East 1.

Typhoid Fever: Total 2—Ritchot 1 (Late Reported: March, Portage City 1).

Anterior Poliomyelitis: Total 1—(Late Reported: January, St. Andrews 1).

Septic Sore Throat: Total 1—Arthur 1.

Venereal Disease: Total 108—Gonorrhoea 73, Syphilis 35.

DEATHS FROM ALL CAUSES IN MANITOBA
For the Month of March, 1937.

URBAN—Cancer 42, Pneumonia 16, Tuberculosis 10, Influenza 7, Syphilis 3, Puerperal Septicaemia 1, Scarlet Fever 1, all others under 1 year 0, all other causes 161, Stillbirths 10. Total 252.

RURAL—Influenza 37, Pneumonia 31, Cancer 29, Tuberculosis 17, Whooping Cough 2, Diphtheria 1, Measles 1, Puerperal Septicaemia 1, Scarlet Fever 1, all others under 1 year 8, all other causes 161, Stillbirths 17. Total 306.

INDIAN—Tuberculosis 19, Influenza 15, Pneumonia 7, all others under 1 year 5, all other causes 7, Stillbirths 1. Total 54.

MANDELIC ACID TREATMENT OF URINARY INFECTIONS

It is approximately a year since Rosenheim demonstrated the value of Mandelic Acid as a substitute of the ketogenic diet in the treatment of urinary infections.

This work was followed shortly by that of Dunlop and Lyons, who simplified the technique of treatment by the use of Sodium Mandelate.

Although these two methods proved satisfactory, the need for large amounts of Ammonium Chloride rendered the treatment somewhat difficult in some cases as this was not well tolerated.

The introduction of Ammonium Mandelate by Holling and Platt proved to be the next forward step for these workers showed that the use of Ammonium Mandelate made the collateral administration of large amounts of Ammonium Chloride unnecessary.

The British Drug Houses Limited have been in the forefront of this work from its commencement and issued in turn Mandelic Acid, then Sodium Mandelate, and later Mandelix which is a palatable and convenient form of administering Ammonium Mandelate in the required dosage.

This product has now been considerably reduced in price and the reduction has made possible its routine use in the treatment of urinary infections.

The British Drug Houses (Canada) Limited, Terminal Warehouse, Toronto, will be pleased to send descriptive literature to any physician on request. —Advt.

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Report of Scrutineers.

The scrutineers then reported on the checking of ballots, and the President declared the following elected officers and members of the Executive for the ensuing year:

President ..... Dr. C. W. Burns, Winnipeg
First Vice-President ..... Dr. E. L. Ross, Ninette
Second Vice-Pres. ..... Dr. D. J. Fraser, Souris
Treasurer ..... Dr. Digby Wheeler, Winnipeg
Secretary ..... Dr. C. W. MacCharles, Winnipeg
Rural Member ..... Dr. W. S. Peters, Brandon
Winnipeg Member ..... Dr. E. W. Stewart, Winnipeg

Report of College of Physicians and Surgeons.

Dr. W. G. Campbell addressed the meeting and gave a very interesting and lengthy report of the activities of The College of Physicians and Surgeons for the last two or three years.

Dr. C. W. Burns, newly elected President, then addressed the meeting and stated that as all had heard the report of Dr. Campbell and would have a good idea of the activities of The College of Physicians and Surgeons, asked for any discussion or questions. There being none, he therefore declared the meeting adjourned.